

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/857311**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	(1)			1		
6				1		
7	(3)			1		
8	(1)			1		
9	1			1		
10	(1)			1		
11		1		1		
12	1			1		
13	1			1		
14	(1)			1		
15	(1)			1		
16				1		
17	(1)			1		
18				1		
19	(1)			1		
20	1		1			
21		1		1		
22	2			1		
23	(1)			1		
24				1		
25	(1)			1		
26	1			1		
27		1		1		
28	(3)			1		
29	(1)			1		
30				1		
31	(1)			1		
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50						
TOTAL IND.			2			
TOTAL DEP.			29			
TOTAL CLAIMS			31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831